

**COMMUNITY EDUCATION
WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT
CLASSIFIED HOURLY INSTRUCTOR TIMESHEET**

Employee Name (Print) _____
Last
First
M.I.

Employee Social Security (Last 4 digits) _____

Dept./Division Institute _____

Section/Description: _____

Period Worked _____

Month (s)

INDICATE IF APPLICABLE
 Employee sub for
 Reason: _____

 Other: _____

Month:

Month:

	Instr.	Coord.	Other		Instr.	Coord.	Other		Instr.	Coord.	Other		Instr.	Coord.	Other
1				17				1				17			
2				18				2				18			
3				19				3				19			
4				20				4				20			
5				21				5				21			
6				22				6				22			
7				23				7				23			
8				24				8				24			
9				25				9				25			
10				26				10				26			
11				27				11				27			
12				28				12				28			
13				29				13				29			
14				30				14				30			
15				31				15				31			
16								16							

Total Inst. Hours _____ Rate _____ Total _____ Account Number: _____

Mkt. Rate Adj. Hrs _____ Rate _____ Total _____ (If applicable)

Total Coord. Hours _____ Rate _____ Total _____ Account Number: _____

Mkt. Rate Adj. Hrs _____ Rate _____ Total _____ (If applicable)

Total Other Hours _____ Rate _____ Total _____ Account Number: _____

Mkt. Rate Adj. Hrs _____ Rate _____ Total _____ (If applicable)

TOTAL _____

I certify that the hours reflected above are accurate _____
Employee Signature
Date

Authorized for Payment _____
Budget Administrator
Date

White - Payroll
 Yellow - Community Education
 Pink - Instructor